MARGIN RESERVED FOR BINDING

V. S. No. 1

County Registration Dist. No.  Village of City H Structure No.  (If death occurred in a horpital or institution, give its NAME instead of street and an Length of residence in city or town where death occurred yers. To mos.  How long in U. S. if of foreign birth? yrs. mos.	
Village or City // A Straws Sle No. Oranty A oral St.,  (If death occurred in a hospital or institution, give its NAME instead of street and m	umber)
2. FULL NAME Collswooth Gaffer.	
(a) Residence: No. At / Carlos and St., Ward.  (Usual place of abode) If nonresident give city or town and St., Ward.	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR KACE S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) OR DEVORCED (write the word)	193 H
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of 22.   HEREBY CERTIFY, That I attended d	eceased from
000-1000	: death is said
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 12 P m.	, 00000
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	Date ol onset
kind of work dona, as SPINNER, Lay Labores Spinal Paralises	10-50
9. Industry or business in which	1.0.1.0
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Data deceased last worked at a trace 11. Total time (years) this occupation (month and see seen tin this	
year) / / / / / / / / / / / / / / / / / / /	
12. BIRTHPLACE (city or town)	
(State or country)	7-1-80
E 13. NAME James Daker	C S And
13. NAME AND DAKE 14. BIRTHPLACE (city or town) Date of Name of operation.	
(State or country) What test confirmed diagnosis? Was there an au	doneu?
O 16. BIRTHPLACE (city or towd) — Date of injury — Date o	, 19
(Specify city or town, county and State)	)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	CE.
18. BURIAL, CREMATION, OR REMOVAL A COMPANY OF THE PROPERTY OF	
place Ma a V to rank ( a para S plat 1) 10 2 M	
nature or injury	
19. UNDERTAKER	
(Address) New Windson III If so, specify	
20. FILED 4/10, 1834 Heroodus (Signad) (Signad) (Address) Samuel Lie	M. D
Registrar. (Address)	

STATE OF MADVIAND CEDTIFICATE OF DEATH

09055

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	M - N-5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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1	. PLACE OF	DEATH		-	102-21	
	County	Carroll			Registration Dist. No.	
	-Village or Ci	tynear, Gamb	er,-R.F	.D.#6.Wes	stmdonster, st,	Ward
		dence in city or town where d		(It	death occurred in a hospital or institution, give its NAME instead of street and numb.  15. ds. How long in U.S. if of foreign birth?	
2	. FULL NAM	ME Fay Mari	e Barbe			
1	(a) Residence			amber,	St., Ward.	
emmoc						e
	PERSON.	AL AND STATISTI			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
3	Female	White	OR DIVORCEI	RIED, WIDOWED, D (write the word)	September 22, 19	34 e
5a.	If merried, widowe HUSBAND of (or) WIFE of	ed, or divorced			22. SEREBY CERTIFY. That attended dece	eased from
6. 1	DATE OF BIRTH (	month, day, and year)	934-7-7		I last saw www alive on Sept 21 , 19 34; de	eath Is said
7.	AGE Year	rs Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, a6:-308m.	
		2	15	ormin.	The PRINCIPAL CAUSE OF DEATH end lelated causes of Importence were as follows:	ate of onset
NO	8. Trade, profes	sion, or perticular ork done, es SPINNER, BOOKKEEPER, etc	**		malnutellon 6	uce
OCCUPATION	9. Industry or b	ousiness in which	Wone	• • • • • • • • • • • • • • • • • • • •	Transce Trovelo	spt. 3
CUE	SAW MILI	done, as SILK MILL, L, BANK, etc				
00		ed last worked at pation (month end	11. Total ti	ime (years) ntin this pation		
		0		pation	Other Contributory Causes of Importance:	
12.	(State or coun	, 01 (0111)	MODEL - MENERAL			
ER	13. NAME	Francis W	Barber			
FATHER	14. BIRTHPLACE	(city or town) Carr	oll Co.		Name of operation	
-	(State or		land		What test confirmed diagnosis? Was there an autop	osy?
HEF	15. MAIDEN NAM	we Evelyn	I.Kidd		23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
MOTHER		(city or town) Bal	timore		Accident, suicide, or homicide? Date of injury	., 19
	(State or		yland		Where did injury occur? (Specify city or town, county and State)	
17.	(Address)D		Barber,	a Tra	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATI	ION, OR REMOVAL		,	Manner of injury	
	Place t. P.	leasant Cem	Date Sep.	t. 23., 1934.	Neture of injury	
19.	UNDERTAKER	6.m. n	alts.		24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	I'mfiel.	d. Mis	4.	(s), specify	
20.	FILED	2.2.19.02	Rev	Resident	(Signed) (Address)	M. D.

-WRITE PLAINLY,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THEREALT V. S.			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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is may it

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	,
Gallstones	May 1,1923	Gastroenteritis	1 year

XO2	Wordsupped		
(.			

OCCUPATION

FATHER

MOTHER

BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
			` }

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

(Address)

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 09062
1. PLACE OF DEATH		
County Causel		Registration Dist. No.
Village or City Elder	Luis	A1.
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city of town where de	ath occurredmos	ds. How long In U.S. if of foreign birth?dsds.
2. FULL NAME SULON	ow Neizga	ll.
(a) Residence: No.	(Usual place of abode)	· St., Ward.
PERSONAL AND STATISTIC		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M X	OR DIVORCED (write the word)	Sefet. 16 1934
5e. If married, widowed, or divorced HUSBAND of		(Month) (Day) (Year)
(or) WIFE of Mellie	Blusard.	22. I HEREBY CERTIFY, Thet I ettanded dacaesed from
7/1	. V 10/1	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months	Days   If LESS than	I last saw h ; death is said to have occurred on the data stated ebove, etm.
68 4	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
8. Trade, profession, or perticular	ormin.	were es follows: Pate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	love	
9. Industry or business in which work was done, as SILK MILL,		·
SAW MILL, BANK, etc	11. Totel tima (yaars)	Sincill
this occupetion (month and yeer)	spent in this	
		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	La.	
13. NAME Welson 1	Blessard	
14. BIRTHPLACE (city or town)		Name of operation Dete of
(Stete or country)	ME.	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Trein da	Capiles	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	1	Assident, suicide, or homiside? System Deta of injury
(Stata or country)	,	Where did injury occur? Eldershing conceles
17. INFORMANT Mes Elwey	Eus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Neture of Injury

If so, specify

24. Was diseese or injury in any

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SUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence In city or town where death occurred How long in U.S. if of foraign birth? \_\_\_\_\_ yrs. \_\_\_\_ mos. PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR BACE SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad HUSBAND of That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at I day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) carefully That test confirmed diagnosis?\_\_\_\_\_ Was thera an autopsy?. D HER 15. MAIDEN NAME 23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following: H MOT Accident, suicide, or homicide?\_\_\_\_\_\_ Data of injury\_\_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Whera did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE mation Natura of Injury. LION 21\_Was disease or injury in an way related to occupation of deceased? 19. UNDERTAKER (Address) so, specify Registran

V. S. No. 1

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Example I			Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	OCT 5 1994	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	STORAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state item of infor-Exact statement of OCCUPA-PHYSICIANS RECORD. Every stated EXACTLY. A PERMANENT properly classified. WITH UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY, Ωİ.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County  Village or City   STATE OF MARYLAND-	CERTIFICATE OF DEATH	
Village or City	THIN Chan	45
Length of residence in city or town where death occurred. P. JYS	County Parroll	//-
2. FULL NAME  (a) Residence: No.  (b) Couriplace of abodio  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORED ONE		
(a) Residence: No.  (Coulpipe of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARKED, WIDOWED,  ORD DYORCED (*onic thypyrard)  5. If harring widowed, or divorced  (or) WHE of Mark  (or) WHE of DEATH  (or) WHE	Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED, DULYORCED (write theyord)  4. COLOR OR RACE  5. SINGLE, MARKED, WIDOWED, DULYORCED (write theyord)  6. DATE OF BIRTH (moth, day, and year)  7. AGE  8. Trade, profession, or particular  8. Trade, profession, or particular  8. A Trade, profession, or particular  8. A Trade of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  9. Thousand of wind Adore as SPINNER, SANYER, BOOKKEPER, etc.  10. The REBUS PART HID AND ADDRESS PART HID ADDRESS PART HI	2. FULL NAME Edward G. Colu	est
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. S. SINCLE, MARRIED, WIDOWED. O. D. DIVORCEDIC unrice theyword)  5. If tharried, widowed, or divorced  WISSAND of (or) wife of Mary 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  1. Less than level on the date stated above, at 3 Q  1. Less than level on the date stated above at the date stated above, at 3 Q  1. Less than level on		
3. SEX 4. COLOR OR RACE BRINGHOUSED (care thyporol) Sa. It harried, widowed, or divorced HUSSAND of (cy) WIFE		
HUSBAND of (or) WIEE or) Wie (or) Wie (or	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Nept 14 , 1934
to have occurred on the date stated above, at. 3 Q. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Carcumant of the date stated above, at. 3 Q. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Carcumant of the decasted at the part of the part	HUSBAND OF Mary & Solyneigart	June 5 4 , 1934 , to Lep 8 , 144 , 1934
8. Trade, profession, or particular were as follows:  SAWYER, BOOKKEEPER, etc.  1. Date of onset work one, as STIK MILL, SAWYER, BOOKKEEPER, etc.  1. Date decased last worked at this occupation (month and 1930 occupation)  (State or country)  1. BIRTHPLACE (city or town)  (State or country)  1. Manuella of was done, as STIK MILL, SAW MILL, BARK, etc.  1. BIRTHPLACE (city or town)  (State or country)  1. BIRTHPLACE (city or town)  (State or country)  1. BIRTHPLACE (city or town)  (State or country)  1. Manuella of was done, as STIK MILL, SAW MILL, BARK, etc.  1. BIRTHPLACE (city or town)  (State or country)  1. Manuella of was done, as STIK MILL, SAW MILL, BARK, etc.  1. BIRTHPLACE (city or town)  (State or country)  1. Manuella of was done, as STIK MILL, SAW MILL, BARK, etc.  1. BIRTHPLACE (city or town)  (State or country)  1. BIRTHPLACE (city or town)  (State or country)  1. Manuella of was done to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury.  1. Date of injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Manner of injury.  1. What test confirmed diagnosis?  Manuella of injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Manner of injury.  1. What was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Manner of injury  Nature of injury  Nature of injury  1. In So, specify  If so, specify  If so, specify  (Signed)  CHABLUAGE  Manner of injury in eny wey related to occupation of deceased?  1. Signed)  1. Signed)  Manner of injury in eny wey related to occupation of deceased?  1. Signed)  Manner of injury in eny wey related to occupation of deceased?  1. Signed)	7. AGE Years Months Days If LESS than	
8. Trade, profession, or particular station of the control of the	69 — /3 I day, hrs.	was as follows:
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  13. MAIDEN NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. (Signed)  19. (Signed)  Contributory Causes of Importance:  Other Contributory Causes of Import	8 Trade profession or particular	Carcinona & Charyne
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  What lest confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  What lest confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Pla	SAWYER, BOOKKEEPER, etc.	1434
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  13. MAIDEN NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. (Signed)  19. (Signed)  Contributory Causes of Importance:  Other Contributory Causes of Import	work was done, as SILK MILL, SAW MILL, BANK, etc.	
Other Contributory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION; OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. Other Contributory Causes of Importance:  Other Contribu		
(State or country)    13. NAME	year)	Other Contributory Causes of Importance:
What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  Date of injury.  15. INFORMANT  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury.  Nature of injury.  19. UNDERTAKER  (Address)  18. OR FILED  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  Manner of Manner		
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15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or county)  17. INFORMANT (Address)  18. BURIAL, CREMATION; OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. INFORMANT (Address)  12. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  16. So, specify (Signed)  (Signed)  (Signed)  M. D.  (Signed)  M. D.	14. BIRTHPLACE (city or town)  (State or country)  Manufact	
(Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  24. Was disease or Injury in eny wey related to occupation of deceased?  24. Was disease or Injury in eny wey related to occupation of deceased?  26. FILED 9/17, 134 CREM Fogle  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  19. UNDERTAKER (Address)  (Address)  (Signed) (Signed) (Signed) M. D.	15. MAIDEN NAME Lane Hawfer	V
(Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  24. Was disease or Injury in eny wey related to occupation of deceased?  24. Was disease or Injury in eny wey related to occupation of deceased?  26. FILED 9/17, 134 CREM Fogle  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  19. UNDERTAKER (Address)  (Address)  (Signed) (Signed) (Signed) M. D.	5 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION; OR REMOVAL Place / Stunius Lev. Data Sept. / 7., 1934  Manner of injury Nature of injury  24. Was disease or Injury in eny wey related to occupation of deceased?  (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed) (Signed)  (Signed)  M. D.	(State or county) Marylaged	
Place // Stunciester Date Sept. 17., 1934  Nature of injury.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)		
(Address)  Westwinster, Med If so, specify  20, FILED 9/17, 134 CRay Jogle (Signed) CLBulingsles M. D.	na L. Ellin	
20. FILED 9/1/ 134 CRay Jogle (Signed) CLBulingsles M.D.		7
20. FILED 100 Carry 100 Ca	- Herrican Spring	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE I	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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11 001 11 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUBSTAIL V. S			
Other contributory causes of importance:	36 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

-	VY	lass	
	H	y	te.
THE PARTY OF CHAPTER AND ADDRESS OF THE PARTY OF THE PART	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly class	TION is very important. See instructions on back of certificate.
2	be	pe	Jo
	plnor	may	back
	S	t it	on
5	AGE	o that	tions
	plied.	rms, s	nstruc
	dns A	ain te	See
	arefull	Id ui H	rtant.
	be c	EAT!	impo
	should	OF I	very
	mation	CAUSE	TION is
	-	_	_

	-CERTIFICATE OF DEATH 09068
1. PLACE OF DEATH  County areall	Registration Dist. No.
Village or City Sykeswelle	No. Skeep feeld Watte New Reta Ward  If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence is city of town where death occurredyrs	
2. FULL NAME Lavah thelleh	20
(a) Residence: No. 52/ East Mould (Usual place of abode)	If nonresident give city br town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Local or and	21. DATE OF DEATH  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of (Mulsucocou) Elvelieh	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dat 30, 1867	last saw h. At alive on tels leady 15, 19 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 245 7m.
66 10 13 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A 10-20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end	Lutistice &
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Ballyman	Other Contributory Causes of importance:
(State or country), Ulgraphaced	
13. NAME 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Muleulaia	23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Stete or country) angland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Augustal Recard (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL PRICE Date 9/17,1979	Manner of Injury
19. UNDERTAKER CAMPAGE RA	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDSLIK 16, 1934 CHauf Fred Registrar.	(Signed) Many M. Cess M. D.  (Address) Surreyell Ma
If more blanks are needed address Seate Projection	N Challenger D Challenger D

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j	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

	County	Q8	rroll			Registration Dist. No. 83
				ett R	F.D. Wee	•
	1				77	death occurred in a hospital or institution, give its NAME instead of street and number)
						ds. How long in U.S. if of foreign birth?yrsmos
2	. FULL NA	ME		Fosset		
	(a) Resider	ce: No		(Usual place	rrett, Md.	St., Ward.  If nonresident give city or town and State
	PERSON	IAL AN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. S	EX	4. COLO	R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
I	Temale		Black	or Divorce	D (write the word)  OW	Sept I - ,1934 (Month) (Oay) (Yea
	If married, widow	ed, or divo	rced			(100)
	(or) WIFE of	ate !	Noah Fo	ssett		22. I HEREBY CERTIFY, That I attended deceased
	ATE OF MIRTH	(		(2 ( 0		Hast saw III alive on Rug 30 1934; death I
	GE Yes		(, and year) 18	Days	If LESS than	to have occurred on the date stated above, at 10 m.
	73		2	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
.	8. Trade, profe	ssion, or pa	articular 1		i or	Were as follows.
101			as SPINNER, PER, etc	Housew	ife	Broncho Anemionia.
-	9. Industry or work wa	business in s done, as S	which SILK MILL,			V
200	10. Date deceas	LL, BANK, e ed last wor	ked at	11. Total t	ime (years)	
2	this occu year)	pation (mo	nth and	spa occi	ime (years) nt in this 54 yrs	
2	BIRTHPLACE (ci	ty or town)	Carro	11 Co.		Other Contributory Causes of Importance:
4	(State or cou	-	Maryl			
2	13. NAME	We	sley Co	stley,		
	14. BIRTHPLACE	(clty or to	wn)Unk	nown		Name of operation Oate of
-		country)	-11			What test confirmed diagnosis? Was there an autopsy?
N TEN	15. MAIDEN NA	ME	Hannah			23. If death was due to external causes (VIOLENCE) fill in elso the following:
51	16. BIRTHPLACE		,	imore C	0.,	Accident, suicide, or homicide?Oate of injury,19_
E	(State of	country)		yland		Where did injury occur? (Specify city or town, county and State)
7.		D.R		ris stown Md		Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
8.	BURIAL, CREMA	TION, OR R	REMOVAL			Manner of injury
	Place hit	e Ro	ck.Cemt	y_Pate_Sep	t: 3-, 1934.	Nature of injury
19.	UNDERTAKER	0. 1.	n. Sta	d mis	1:	24. Was disease or injury in any way related to occupation of deceased?
-	11	1 0	11. 6.	10	11 11	(Signed Norman Martin

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over bý street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1. year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEA	TH .			(50)	nd
CountyC	arroll,			Registration Dist. No.	18
Village or City 11	ear Tayl	orsvill	e,-R.F.D	. Mt. Alry, st,	Ward
Length of residence in c		1	O 4 (If	death occurred in a hospital or institution, give its NAME instead of street and	
				yrsyrs.	nosas.
2. FULL NAME			0,		
(a) Residence: No.	ne	Our Tayl	orsville	St., Ward.  If nonresident give city or town on	d State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	u 5/5/0
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MARI	RIED, WIDOWED.	21. DATE OF DEATH	
Female	White	OR DIVORCED	(write the word)	September, 22,	, 193 4
5a. If married, widowed, or div	TT C Bala L'	lea.	1 4-3 ( 1	(Month) (Day)	(Year)
(or) WIFE of	mes W.F.	eming		22. 1 HEREBY CERTIFY, That ! attended	
V CA.	1100 11.22	CILLIES,	ALCOHOLD S	Cypril 244, 1934, to Sept 21	v
6. DATE OF BIRTH (month, da	1	363-9-16			; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at : 452 -m.	
71		6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or p	as SPINNER,	Tono		Careimona of Brown	
SAWYER, BOOKKE  9. Industry or business i		lone		- according of must	about
work was done, as SAW MILL, BANK,	SILK MILL,				and
10. Date deceased last wo	rked at	11. Total ti	me (years)		750-1
this occupation (mo	onth and		t in this pation		
12. BIRTHPLACE (city or town	Carro	oll Co		Other Contributory Causes of importance:	4-1-19
(State or country)	Maryl				
표 13. NAME V111	iam Gun	n.			
14. BIRTHPLACE (city or t	Do7+	imore Co	).,	Name of operation Date of	
(State or country)		vland.		What test confirmed diagnosis? Was there an	
15. MAIDEN NAME	lenriett	a Spurri	Ler	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or t	Car	roll Co.		Accident, suicide, or homicide? Date of Injury	
(State or country)	Mar			Where did injury occur?	
Jar	oc W Fl	eming.		(Specify city or town, county and Si Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC P	ate)
17. INFORMANT		ry Md.			
18. BURIAL, CREMATION, OR	REMOVAL			Manner of injury	
Placeaylors	rille Ce	moste Sep	tt24,1934.	Nature of Injury	
19. UNDERTAKER 6.	m. He	elf.		24. Was disease or injury in any way related to occupation of deceased?	200
(Address)	trudiel	1. Ania	,	If so, specify	
00 EUED 923-	1036	Sm 9	Garage	(Signed) 3, 6, Lilety	M. D.
20. FILED. 7	19-2-7	Live	A Registrar.	(Address) New Widechson	~ 74d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1 m

1. PLACE C	7 11		92:0	1.
County_	angoll.		Registration Dist. No.	4
	City of Reserve	eath occurred 27 yrs. 6 mos	hos force feeld that Was said feeth occurred in a hospital or institution, give its NAME instead of street and n s	
2. FULL NA	ME Paul	ise Todure		S
		(Usual place of abode)	If nonresident give city or town and	State
		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jeenske	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Ye
Sa. If merriad, wido HUSBAND of (or) WIFE of	Learge J. B	Godiain	22. 1 HEREBY CERTIFY, That I attended of	)
6 DATE OF RIPTH	(month, dey, and yeer)	huann (852)	I last sew h to elive on slight 2 1926	, 19
	ears Months	Oays If LESS than 1 day,hrs.	to have occurred on the dete stated above, at	, ueatii
8. Trade, prof	ession, or perticuler	ormin.	wera es follows:	Oate
kind of	work dona, as SPINNER, R, BOOKKEEPER, etc	nane	of the state	- 62
work w	businass in which es done, as SILK MILL, ILL, BANK, etc		insulficients	
1D. Oate dacee	ILL, BANK, etcsed last worked at upation (month end	11. Totel time (yeers) spent in this occupation		
12. BIRTHPLACE (c	city or town Much	wals	Dther Contributory Causes of importance:	
13. NAME @		Wei how seli	generally at the testis	
14. BIRTHPLAC	2/1	huanne	Name of operation	
15. MAIDEN N	/ /	very	Whet tast confirmed diagnosis? Was thera en eu	
16. BIRTHPLAC	E (city or town)	linour	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:  Accident, sulcide, or homicide?	
17. INFORMANT	Hashite	el. W	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	) CE.
18. BURIAL, CREMA	William In	( Octo 9/14 , 1937	Menner of injury	
19. UNOERTAKER (Addjess)	Jerian 1217 SKP	Cool	24. Was disaase or injury in eny way reletad to occupation of deceased?	
20. FILESSIJA	4. L3, 1934 CB	Hauf //LLD Registrar.	(Signad) Maria My Class (Address) Al Revoll	N.

\_\_\_\_\_ds.

(Yeer)

Oate of onset

attended deceesed from 24 death is seid

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago 80 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA:
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BINDING

RESERVED

MARGIN

that carefully important. OF DEATH pe should -WRITE CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH County Carroll Colored Branch Registration Dist. No. Henryton, Maryland. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town whare daath occurred How long in U.S. if of foreign birth? vrs. mos. Lillian Geneva Grace 117 Woodbine St., Chevy Chase, Montgomery Co., Md. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Sept., 19, Female Colored Single (Year) 5a. If merried, widowed, or divorced HUSBAND of CERTIFY, That, I ettended decaased from (or) WIFE of July 14. 1911 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years If LESS than to heve occurred on the date steted above, at Months Days I day .... 23 5 Tha PRINCIPAL CAUSE OF DEATH end releted causes of Importance Date of onset Pulmonary 8. Trade, profession, or perticular Tuberculosis June OCCUPATION Domestic kind of work dona, es SPINNER, SAWYER, BDOKKEEPER, etc. 1934 9) Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... Housework 1D. Dete deceased last worked at 11. Totel tima (yaars) this occupation (month and year) Unkarawais Bennettsville. 12. BIRTHPLACE (city or town South Carolina. (Stete or country) FATHER Nehemiah Grace 13. NAME Bennettsville, 14. BIRTHPLACE (city or town) Name of operation. South Carolina. (Stata or country) Whet test confirmed diagnosis?. 15. MAIDEN NAME Bessie Brown MOTHER 23. If death wes due to externel causes (VIOLENCE) fill In also the following: Bennettsville. Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town). South Carolina. (Steta or country) Where did Injury occur?. (Specify city or town, county and State) John E. O'Neill. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) Henryton, Maryland 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Neture of injury 24. Was disease or injury in any wey releted to occupation of decaased? 19. UNDERTAKER (Address) If so, specify 20. FILED 9/19/34 19 Beputy Loca (Address)

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	00. 3 10.1	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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BINDIN

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SURRAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			*	

Date of onset

Was there en eutopsy?\_

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STA	TE OF	MARY	LAND-	CERTIFICATE OF DEATH	1075
1. PLACE OF DEATH				93:0	- /
County area	le			Registration Dist. No.	74
Village or City	enile	1		Askring Seels State House	tel Ward
		2 6	/ /	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or	town whera deat	th occurred	yrsOmos	ds. How lbng/m U.S. if of foreign birth?yrs	nosds.
2. FULL NAME	Kolu	ul 1	4 lee	ara.	
(a) Residence: No.	burne	(Usual place of	dali Na	Special Ward Sey Revelle If nonresident give city or town an	d State
PERSONAL AND	TATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF	RACE 5.	SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 2/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lacket	acon/ "	Vuea	ea	22.   I HEREBY CERTIFY That I attended	
6. DATE OF BIRTH (month, day, and	yeer) lle	ekus	rs 1864	I last saw halt alive on left 3 , 19.3	Le, death is sald
7. AGE Years Hearent 70	Months	Days	If LESS than I dey,hrs. ormin.	to have occurred on fhe date stated above, at ###################################	
8. Trade, profession, or particu	lar	4		note as rollows.	Date of onset
kind of work done, as S SAWYER, BOOKKEEPER,		Low	4	generalyed Urkerroscleron	to the
kind of work done, as SI SAWYER, BOOKKEEPER, 9. Industry or business in whit work was done, as SILK SAW MILL, BANK, etc 10. Date deceased last worked	MILL,	-		0 0	****
10. Date deceased last worked this occupation (month a year)	at	11. Total tim	e (years) in this ation		
12. BIRTHPLACE (cify or town)	luke	uow	el .	Ofher Contributary Causes of Importance:  Myscordial	
(State or country)	alu	ea.		Degementon	
13. NAME Men	saco.	en.		0	
13. NAME Action 13. NAME  14. BIRTHPLACE (cify or town) (State or country)	lluk	kees	~	Name of operation Dafa of What test confirmed diagnosis? Was there an	autopsy? 19
15. MAIDEN NAME	uku	· pom		23. If death was due to external causes (VIOLENCE) fill in also tha following	e:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Mu	kus	m	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	usea	ann x	7	Where did Injury occur?	
17. INFORMANT (Address)	petal	e le	raids.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	le) LACE,
18 BURIAL, CREMATION, OF REMO	YAL ) (A	0	1./	Manner of injury	
Musigrical	11/1	Date Def	4 6, 1934	Nature of injury	
19. UNDERTAKER // SUL	- 4000	y Ju	v.	24. Was disease or injury in eny way related to occupation of deceesed?	
(Address)	1 D	11	ray.	If so, specify	
20 FUED PACK 15 19 3	34 (81	taury	Neen	(Signed) (Signed)	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

09076

1. PLACE OF DEATH		186-20	
County Carroll		Registration Dist. No.	4
Village or City Sylesize	) (1	No. Springfuld State Horantal St.,	Ward
Length of residence in city or town where o	leeth occurredyrs,\$mos	s. 25 ds. How long In U.S. if of foreign birth?mo	sds.
2. FULL NAME KINGER	annie		
(a) Residence: No. Medical	(Usual place of abode)	usel St., Horse Ward. Westmuster Md	State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of	9		(Teal)
(or) WIFE of		22. I HEREBY CERTIFY, Thet I attended of	deceased from
6. DATE OF BIRTH (month, day, and year)	John 20,1847	1 last saw h. Lee alive on September 5, 1934	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10.30 Rm.	
86 10	70   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	D
Z Rade, profession, or particular kind of work done, as SPINNER,	OFF	34	Date of onset
SAWYER, BOOKKEEPER, etc	choul Teacher	General anteriorleronis	Moretha
work was done, as SILK MILL,			15 years
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  SAWYER, BOOKKEEPER, etc  SAW MILL, SAW MILL, BANK, etc  To. Date decessed lest worked at this occupation (month and	11. Total time (years) spent in this	Fracture due to an accidental falle Dura	0
year)	occupation 23 440	Dther Cantributary Causes of importance:	
12. BIRTHPLACE (city or town)	noun		
(State or country)	ml	Frankere of Hip: due to a fall.	9-4-34
14. BIRTHPLACE (city or town)	nzer	Slipped from her choire, and fell to the	
4 14. BIRTHPLACE (city or town)	moun	Name of operation Place Care Date of	
(State of country)	eland.	Whet test confirmed diegnosis? Was there an au	itoneu?
15. MAIDEN NAME Plusaled	to Tombuson	23. If death was due to external causes (VIDLENCE) fill In elso the following:	
15. MAIDEN NAME PLANE 16. BIRTHPLACE (city or town)	Inoun	Accident, suicide, or homicide?	
(State or country)	nyland	Where did Injury occur?	
17. INFORMANT TO TIETAL Rec. (Address) Salle Dail	ouls	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL	any and	Manner of Injury	
Wearningtell Cu	Wate SUN 11, 1934	Neture of Injury	
19. UNDERTAKER F. G. Steam (Address) Worthward	el sou	24. Was disease or injury In eny way related to occupation of deceased?	
20. FILED SELLET 9 19.34 Q	Hany Weer	(Signed) M. Virania Benere	
132	Registrar.	(Address) Syxenville, M.	

7. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUMPAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex TION is very important. See instructions on back of certificate.
--

STATE OF MARYLAN	D-CERTIFICATE OF DEATH 09077
1. PLACE OF DEATH	- Church /
County Cauell	Registration Dist. No.
Village or City Patafree	No. St. Warr
Length of residence in city or town where death occurred 20 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. now long in 0.5. If of foreign bifth:yrsmos,os
2. FULL NAME John Calven o	
(a) Residence: No. Subject of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX Male 4. COLOR OR BACE OR DIVORCED (write the w	(ord) Satisfamilias 3 in 4
5a. If married, widows of discount HUSBAND of Mary Wilson Loe	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 18th 186.	3 I last saw h. Malive on Sept 3, 193 4; death is said
7. AGE Years Months Days If LESS	1, 20 0
7/ 5   1 dey,	The PRINCIPAL CAUSE OF DEATH and letated causes of importance
8 Trade profession or particular	Cardio Respiratory paralyses Date of open
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Chronic Infocardition holbert
10. Date deceased last worked at this occupation (month and 1930 spent in this occupation occupation	Other Contributory Canses of Importance?
12. BIRTHPLACE (city or town) Deaforage (State or country)	possible malianancy lives
13. NAME Mathamel Lee	
14. BIRTHPLACE (city or town) Bedford (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Mysical Carryes there an autopsy? No
15. MAIDEN NAME Martha Sunt	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Martha Sount  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT My John & Lee (Address) Hely Bate of ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ) Place Deedford Jan Date Sept 26,	9.3.4 Nature of injury.
19. UNDERTAKER Edw Copplore Md	24. Was disease or injury In any way related to occupation of deceased? Mo
20. FILED 9/324, 134 Miles Du Regis	(Signed) Of AND BOWN M. D.
	egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH ME		rculosis Sanatorium
County Carroll	Colore	d Branch 23 Registration Dist. No. 74
Village or City Henryton, Md  Length of residence in city or town where death occur	(If	No. (Above) St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  29. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Francis Lem		1131
(a) Residence: No. 1308 W. Lan		1 to Md word
(Us	ual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR D	LE, MARRIED, WIDOWED,  LVORCED (write the word)  Ingle	21. DATE OF DEATH  Sept., 30, 1934, 193  (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single		22. 1 HEREBY CERTIFY, That I attended deceased from Feb., 1, 1928, 19 to Sept., 30, 1934
6. DATE OF BIRTH (month, day, and year) July	7. 1899	Hast saw h im alive on Sept., 30, 1934 death is said
	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
3. Industry or business in which work was done, as SILK MILL, TINK	orer	Pulmonary Tuberculosis Date of one of Mar.
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and Unknown year)	I. Total time (years) spent in this Unkno	vn 1927
12. BIRTHPLACE (city or town) Unknown (State or country) Maryland		Other Contributory Causes of importance:
置 13. NAME Unknown		
13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown (State or country) Unknown		Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? 462.
15. MAIDEN NAME Clementi: 16. BIRTHPLACE (city or town) Unknown	ne Lemon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown (State or country) Maryland		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT John E. O'Neil (Address), Henryton, Md.	1, M. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION) OR REMOVAL Place MD Date Date	10 - 2 1934	Manner of injury
19. UNDERTAKER TO CANCEL TO A CANCEL CONTROL (Address) 57.8 33.00 CM	nsly	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 9/30/34 <sub>19</sub> Thu (Deputy)	LOCAL Registrar.	(Signed) AMU, G. Hell M. D.  (Address) / Exceptore Welf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND	-CERTIFICA	TE OF	DFATH

( )	O	4 2	2004	9	
U	J	U	6	J	

1. PLACE OF DEATH	(b)(e)
County Casroll	Registration Dist. No.
Village or City Wakefield	NoSt Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?
10 th 20. 121 b	osyrsmosas.
2. FULL NAME Dally Gligabeth Mills	Character and the second secon
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE OR DIVORCED (with the word)  Temale  White  Widowed	21. DATE OF DEATH September 28 1 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grotge Millet	22. I HEREBY CERTIFY, That I attended deceased from  July 15 10 1934, to Suffer the 25 1934
6. DATE OF BIRTH (month, day, end year) May 2 - 1847	I last saw h ful alive on Suplember 25 1, 19 24; death is said
7. AGE Years Months Days II LESS than	to heve occurred on the dete stated above, a 5.30 42.m.
} 4 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trede, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	artero - Selvos July 192
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importante:  Sept. 23-3
I 13. NAME William Prass	
13. NAME William Prase  14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Sarah Jana Umalia	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT William Prass (Address) was a summation and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place W. Francisco Sm. Date Stept. 30, 1934	Manner ol injury
19. UNDERTAKER H. Bankard for (Address) Wanton Manuater and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED M2835 Queen Houseles Registrar.	(Signed) (Address) Mus Window (M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Arteriosclerosis     RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
URLAU V S	18			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Date of onset Jan.

1934

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 9 1934	1 .			
Other contributory causes of importance:	1/	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	Lipay.		4	
			4.7	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 19081
1. PLACE OF DEATH	(5)
County Clerial	Registration Dist. No.
Village or City Of Cempstead	ND. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs.	mosds. How long in U.S. if of foreign birth?yrsmos(
2. FULL NAME Homas Mille	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE S. SINGLE, MARRIED, WIDOVED, ORDIVORCED (write the word)	
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That attended deceased fr
ton like fuller	may 1932, to Seft, 28, 193
DATE OF BIRTH (month, day, and year) Ceft 2-185-X	I last saw how alive on Seff. 27, 1934; death is s
AGE Years Months Deys If LESS than	The state of the date states above, at y 1.7. O
80 5 16 1 day,h	The FRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	Date of on
kind of work done, as SPINNER, Tet fames	Darcinomal Prostate 193
ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	A
10. Date deceased last worked et this occupetion (month and year)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Denny miller	
13. NAME Jeury Mulles 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country) Many Cund	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury19
(State or country) Mary Carry	Where did injury occur?
7. INFORMANT Herbert B Muller (Address) Hamby Land Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place of Cull Date Self 30, 193	Kature of injury
9. UNDERTAKER Edu Affica.  (Address)	24. Was disease or injury in any wey related to occupation of deceased?
O. FILED Sept 29 1934 John J. Hughes	(Signed) Edgav M. Quole
If more blanks are needed, address State Resistr	(Address) assistable and Mids.

CTATE OF MADVE AND

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-,
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
TADDITIONATE	DI AUIS	ron	T. OILLIIII	DIT TO THE PARTICULAR TO	12.1	THIBIOTA	7.4

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09082
1. PLACE OF DEATH	(F)
County Cossoll	Registration Dist. No.
Village or City Hoods Millo	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Musting Much	u
(a) Residence: No. 303 housham 81	St., Ward.
Bullin Wayal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED write the word)  Male White Wisdowld	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, at divorced HUSBAND of (er) WHE of Late Mary Mucha	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
63 Unknown Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hust Falme
9 Industry or business in which work was done, as SILK MILL, Milliam Packing Co	Sudden heart attack. Had been com-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9) Industry or business in which work was done, as SILK MILL./Islan Packing Co  10. Date deceased last worked at this occupation (month and year) year) occupation	Flaining a for some time before.
12. BIRTHPLACE (city or town) Paland (State or country)	Other Contributory Causes of importance:
II 13. NAME	
14. BIRTHPLACE (city or town) paland.	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Ozeo
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city ar town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Close mucha Baltimore (Address) 3/2 & Regester at	(Specify city or town, county and State) Specify whether Injory occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place St. Standard Complex Date Sept 895, 1934	Manner of injury
19. UNDERTAKER Clearge a Weber. (Address) 70, - 8 annu nt.	24. Was disease ar injury in any way related to occupation of deceased?
20. FILEO Sept 26, 19 34 DWilliam Gloman	(Signed) SUESIMINATE COLOMON (Address) WESIMINATE MIST
If move blanks are needed address State Position	24.2 N. Charles Street Palainers Paranter 71 S. Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	İ	Example IP	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	.1 year

	TE	ne s	SE	is.
-	-WRITE	mation	CAUSE	TION
S. No.	E.	6		1
>	Z		1	)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 090	23
1. PLACE OF DEATH	· (Iso)	/
County Carroll	Registration Dist. No.	
Village or City near Ridgeville	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and numb	
2. FULL NAME Mrs. annie Fenn		
(a) Residence: Np. Mairy, Md.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	b complements
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH September, 27, (Day) 193	4 (Year)
5a. Of married, widowed, or divorced HUSBAND of (or) WIFE of Olives Thomas Penn	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) Most 1, 18-76	I last saw her alive on Sept, 27, 1934, 19 de	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 Pm.	
64 4 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te of onset
8. Trede, profession, or particular kind of work done as SPINNER.	Chronic Myocarditis	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Aortic and Mitral ?  Regurgitation	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Chronic Interstitial Neph.	,
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Carroll County	Other Contributory Causes of importance:  Dementia Praecox	
(State or country) Maryland		
II 13. NAME Robert A. nelson		
13. NAME Nobert A. Nelson  14. BIRTHPLACE (city or town). Howard 60.	Name of operationDate of	
(State of country)	What test confirmed diagnosis? Was there en autop	sy?
15. MAIDEN NAME anie Shiply  16. BIRTHPLACE (city or town). Howard 60.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) . Haward 60.	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Oliver 9. Penn	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manage of Indiana	
Place ( Date Date ) 19 37	Manner of injury	
19. UNDERTAKER & Clarkers (Address)	24. Was disease or injury in any way related to occupation of deceased? NO	
20. FILEB Seft 28, 1934 The Deeffelet Registrar.	(Signed) Skuly Gabil  (Address) Mount Airy, Maryland	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis - ( "	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
\\ (1.1)	- //		
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—1 TION is very important. See instructions on back of certificate.

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 090	084
1	. PLACE OF DEA	_	Maryland		Proper Sanatorium	
	County Carro		Marzia	Colored	Branch 23 Registration Dist. No. 74	
	Village or City He			(16	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	/ J
	Length of residence in c	ity or town where de	eath occurred	O yrs. 3 mos	30 ds. How long in U.S. If of foreign birth?	sds.
2	. FULL NAME E					
	(a) Residence: No.	524 0xf	ord St.	, Baltimo	orest. Md. Ward.	
CHOICE			(Usual place o	of abode)	If nonresident give city or town and	State
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
		or or race	or DIVORCEI Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 29, 1934  (Month) (Day)	, 193
5a.	If merried, widowed, or div	orced				(Teal)
	(or) WIFE of				225/30/34 HEREBY CERTIFY 2 9 34 Settended of	deceased from
6.	DATE OF BIRTH (month, da	y, and year) Jal	n., Dec.	22,1920	liast saw her alive on Sept., 29, 1934	; death is said
	AGE Years	Months	Days	If LESS then	to have occurred on the date stated above, et 6.30 mA . M .	
	13	9	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.
Z	8. Trade, profession, or p	articular	Joholon		Pulmonary Tuberculosis	Dec
OCCUPATION	SAWYER, BOOKKE	EPER, etc	Scholar			1933
UPA	9. Industry or business in work was done, as SAW MILL, BANK,	N WHICH SILK MILL,				
OCCI	10. Date deceesed last wo	rked at	11. Totel ti	me (years)		
	this occupation (mo year)	DWD	Unka	DAYIO IL	Other Contributory Csuses of Importance:	
12.	BIRTHPLACE (city or town)				Other Conditionary Coases of Importance.	13,113,2
_	(State or country)	Mary				
HER	13. NAME Hen	- M				
FATHER	14. BIRTHPLACE (city or to		lesex C	0.,	Name of operation Date of	
-	(State or country)		rginía		What test confirmed diegnosis?	utopsy? 200
TER	15. MAIDEN NAME		Manoke	У,	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to	own) St. M:	ichaels		Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	Ma	aryland	•	Where did Injury occur?	
17.		E. O'Ne			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	.CE.
18.	BURIAL, CREMATION, OF	REMOYAL		1	Menner of injury	
	Plece Pul Co	alvary	Date 0-2	1814	Nature of injury	
19.	UNDERTAKER A.S.	In Ak	much	DST	24. Was disease or injury in any way related to occupation of deceased?	lio
20.	FILED 9 / 29 / 34	Deput	4	Meill . Registrar.	(Signed) Show C. Mess (Address) Temony loss	e. M. D.
		If more bi	lanks are needed, ac	ddress State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREALL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

V. S. No. 1

should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ä

	CERTIFICATE OF DEATH 09085
1. PLACE OF DEATH	(120)
County Carried	Registration Dist. No. 72,
Village or City Illasant Valley	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mrs. Martha M. Govre	
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furrice the word)	21. DATE OF DEATH Seft 9 = 193 4
5a. If married, widowed, or divorced  BUSBAND of Cor.) WHEE of Cor.) WHEE of Cor.	Day) (Year)  PEREBY CERTIFY, That lattended deceased from
01.000000000000000000000000000000000000	1000
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw here alive on Deff 1965 death is said
86 4 29 Iday, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Political Political
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this excuration (month and	Vigural many
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (pity pr town) Carrell Co	Other Coutributory Causes of Importance:
E Marie Mari	
14. BIRTHPLAOE (city or town)	Name of operation Date of
15. MAIDEN NAME WORLD WILLIAM	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME / VIII	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT M. J. Gawatt	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
Place Sendant Date Date 12, 19134	Manner of Injury
19. UNDERTAKER ON THE STATE OF	24 Was disease or Injury In any way related to occupation of deceased?
20. FILED Sept 11, 1934 Rolumbanant Registrat.	(Signed) A Track Selection M.D.  (Address) Alektrocontex, 2013
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPPAU V. S.	12		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09086
1. PLACE OF DEATH	(23)
County Carvoll	Registration Dist. No. 74
Village or City Sexternille, MP	No. Springfield State Hopelast, Ward
	death occurred in a hospital institution, give its NAME instead of street and number)
2. FULL NAME PURMORE Sono Sono	
(a) Residence: No. Snow Hill, Md	St., Ward. Snow Hol, Mg -
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrige tha word)	21. DATE OF DEATH  September 8 , 193 H  (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) September 27,1878	I last saw her alive on September 7, 1934; dasth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 6.40 B.m.
53 11 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonary Tuberculosis 4-29-34
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as STIK MILL, SAW MILL, BANK, etc.  10. Data dacaased last workad at this occupation (month and year)  year)  11. Total time (years) spant in this occupation.	
l. V	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Perry Cally	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saure Com Gorde	23. If daath was dua to axtarnal causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Sacra Consoling  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (State or country) Warufand	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT torristal leconol (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OF MEMOYAC	Mannar of injury
Det SUN Meld Ma Data X 1 19.3 4	Nature of injury
19. UNDERTAKER CE Services (Address) Swowsfill Md	24. Was disaasa or injury in any way ralatad to occupation of dacaased?
20. FILED Sefel 8, 1934 CHarry Here. Registrar.	(Signad) M. Vuiginia Beyer M.D. (Addrass) Sylvaville M.D.
If more blanks are meeded address Seets Praises	A Chalassan Balina Barrer Barrer

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 3 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09087
County Carroll	Registration Dist. No.
Village or City Sykesville. Md.	No Springfield St. Hospitalt, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 34 yrs. 1 mos.	8 ds. How long in U.S. if of foreign birth?
2. FULL NAME John M. Rott	
(a) Residence: No. Springfield State Hospit (Usual place of abode)	alsh, Sykewayille, Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH September 16, 1934, (Month) (Day) (Year)
I. If married, widowad, or divorced HUSBAND of (or) WIFE of Mrs. John M. Rott	22. I HEREBY CERTIFY. That I attanded deceased from August 1, 1934, to Sept. 16, 1934  I last saw h 1m alive on September 16, 1934 death is sai
AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9:30 mp · m · (S.S.  The PRINCIPAL CAUSE OF DEATH and related causes of importance Hospita were as follows:
SAWYER, BOOKKEEPER, atc	Chronic Myocarditis up 22 Cardiac deconfensation Ouga Other Contributory Canses of importance: 193
(State or country) Maryland	
13. NAME Herman Rott.  14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation None  Page of Autopsy What test commind diagnosis, Laboratory for a nautopsy What test commind diagnosis and the control of
15. MAIDEN NAME Catherine Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Germany (State or country)	Accident, suicide, or homicide?
(Address) Sykesville, Md.	(Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)
UNDERTAKEN CLEAR COLLAND COLLA	Nature of Injury  24. Was disease or injury In any way related to occupation of deceased? No- If so, specify (Signed) M.  (Address) H. Keswille, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephrites	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09055
	infor- state UPA-	1. PLACE OF DEATH	(463./
	* 5	County lo assist	Registration Dist. No.
}		Village or Oity Timon Siells	No.
/	= 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS nt	Length of residence In city or town where death occurredyrsmos.	
	Every CIANS tement	2. FULL NAME Asary Com Ry	the second
	RD. YSIC stat	(a) Residence: No.	St. Ward.
		(Usual place of abode)	If nonresident give city or town and State
	RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	K. K.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5	G T &	Simale White Widowed	(Menth) (Day) (Yeer)
Ž	MANEN ACTI assified	5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. A LHEREBY CERTIFY That I attended deceased from
<u>j</u>	MA A ass	(or) WIFE of Soah M. Kuth	22. I HEREBY CERTIFY That I attanded deceased from
×	ERN EX cl	6. DATE OF BIRTH (month, day, and year) May 26,1860	I last saw alva on left 16 19.34 death is said
-4	0	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atAm.
CF	IS A I stated properlectifical	74 3 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
<del>-</del> 4	70	9 Trade profession or postinute	were as follows:
3	HIS be be of	kind of work done, as SPINNER, Housewiff	
5	ould may back	9. Industry or business in which work was done, as SILK MILL.	Larrenoma Rilwer Tol 34
되		9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	la huma interstitial
3	E 60 40	2 Shailt III (III)	Trenshretor 34
7	AGE That that	year) occupation occupation	Other Cantributory Causes of Importance:
Z	DID Se scti	12. BIRTHPLACE (city or town) A. C. C. C. C. C. C. C. C. C. C. C. C. C.	Chrom Sastritis Cug 27.
3	NFADING pplied. AGI erms, so tha instructions		- σ
A		13. NAME Jes Jesschamithe	A 0
3	H -E 70	14. BIRTHPLACE (city or town) A CAR CO. Pa. (Stata or country)	Name of operation
	F TO		What tast confirmed diagnosis? The Law of 1-oct was there an autopsy?
	0 m m	I	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:
1	AINLY, Id be can DEATH y import	Stata or country)	Accidant, suicide, or homicida?
4	PLAINLY ould be ca F DEATH ery impor	Country Committy	Whera did Injury occur? (Specify city or town, county and State)
	PLA hould OF D	17. INFORMANT (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	40 2	18. BURIAL, CREMATION, OR REMOVAL Y OR OF THE PROPERTY OF THE	
	n s SE is	Place Volk leemeter Date Alf 1-19 1984	Mannar ol injury
	-WRITE mation sl	COE SU OPO C	Nature of Injury
•	TI Cm	19. UNDERTAKER (Addrass)	24. Was disease or injury in any way ralated to occupation of deceased?
	ä	11/28 1/2 200	If so, specify
	z	20. FILED Sept / 717, 1984 Gelven Sand	(Signed) M. D.
	( )		(Address) But D. Charles Street, Baltimore, Requesting U. S. No. 1.
		The license, where or other Registrar, 2	14. A. Courses Street, Dattimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	2	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

09089

1. PLACE OF DEATH		99
County assall		Registration Dist. No. 83
Village or City Occupied  Length of residence in city or town where death or		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fand Me	Elard Sho	emater
(a) Residence: No. Accept	L Musl. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ROGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Yoh)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  Mary S.	hoemases	22. I HEREBY CERTIFY. That I attended decessed from 1933, to 54 20, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	0eys   If LESS than 1 day,	to have occurred on the date stated above, at 3 P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occuration (month and	11. Total time (years)	artiriles Otherating 1928
12. BIRTHPLACE (city or town) (State or country)	spent in this occupation with the second sec	Other Contributary Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Neme of operation Q suctoolasufulated Oate of  Whet test confirmed diagnosis? Was there an europsy?
15. MAIOEN NAME Capoline  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANY MAN MANY S. S. (Address)	E. Deleher L. hoenester	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL CREMATION OF BEMOVAL ON ONE	Sept 23,1934	/ Manner of injury
19. UNDERTAKER The voter (Address) Symmetrial	md,	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED Seft 23, 1934 deca	M. Hewelt	(Signed) (Address) Eldus tuta

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year 🛪

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH*
1. PLACE OF DEATH	(47)
County Garroll	Registration Dist. No. 74
Village or City Taneytour	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Horman David Smith	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PLACE OR DIVORCED (write, the word) 5a. It married, widowed, or divorced	21. DATE OF DEATH  September 17 , 193 4 (Year)
HUSBANO ot (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTII (month, day, and year) Sent 25-1916	I last saw h alivo on , 19; death is said
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATI1 and related causes of importance
9 Trade profession or particular	Gunshot wound in the head Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased tast worked at this occupation (month and spent in this	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Joseph D Smith	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME A garet Cleange  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT OSEM D SMITH (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mt Style Cone Coate Sept. 25th, 1934	Manner of injury
19. UNDERTAKER Swell & allang la	24. Was disease or Injury in any way retated to occupation of deceased?
20. FILEO Sept. 24, 1934 Mary B. With Registrar.	(Signed) (Si
If more blanks are needed, addfess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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I UGT 6 7mm	11		10000
11 23.4	13		
Other contributory causes of importance:	1/-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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The state of the s			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYSICIAN
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FOR BINDING

MARGIN RESERVED

1. PLACE OF DEA	ТН			(30)	m /
County Car	roll.			Registration Dist. No.	14
Village or CitySp1			Hospital	death securred in a hospital or institution, give its NAME instead of street and	Ward d number)
2. FULL NAME	George	W.Tregor	ning.		
(a) Residence: No.	Mt.Airy	Md. (F	R.F.D.)	St., Ward.  If nonresident give city or town a	nd State
PERSONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH	Ju Dinie
	or or race	5. SINGLE, MARI OR DIVORCED Marri	RfED, WIDOWED, (write the word)	21. DATE OF DEATH September 2, (Month) (Day)	, 1934 •
5a. If married, widowed, or div HUSBAND of	orced				(Year)
	Mercer.			22. I HEREBY CERTIFY, That f attende August 31, 134, to Sept. 2	1934
6. DATE OF BIRTH (month, da	ay, and year) 🛕	pril 22,	1879.	I last saw h_1m alive on Sept. 2, 19 3	4; death is said
7. AGE Years 55.	Months 4.	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, allowing m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.4
8. Trade, profassion, or p	particular			Acute Nephritis	Dateofonset
SAWYER, BODKKE	EPER, etc	Farmer	24		
9. Industry or business i work was done, as SAW MILL, BANK,	n which SILK MILL,				
kind of work done SAWYER, BDDKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Data deceased last wo this occupation to	rked et	11. Total ti	me (years) It in this		
12. BfRTHPLACE (city or town (State or country)				Other Coutributory Causes of importance: Total Suppression of Urine	
(State or country)	mal Mas	oos, ma		with Uraemia	?
13. NAME Sam	mer Tre	gonning.		and Autopsy.	
14. BIRTHPLACE (city or t	own)	gland.		Name of operation Date of What test confirmed diagnosis? Clinical Sympthere at	Vac
	Clara				
=				23. If daath was due to external ceuses (VIDL ENCE) fill in also the followi	
16. BIRTHPLACE (city or t ≤ (State or country)		timore, Maryland		Accident, suicide, or homicide?	
17. INFORMANTSpring	field S	tate Hos		Where did injury occur?  (Specify city or town, county and Sign Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	nte) LACE.
(Address) Sy 18. BURIAL, CREMATION, OR	kesvill	e, Md.			
Place Central	1 07 1	Coate Sel	X5 1924	Manner of injury	
19. UNDERTAKER	1/E 70	Mones		24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILED SALVE 2	1934 G	Harry	Mille	(Signed) John L. Wilhield	
		-	Registrar.	(Address) 5. S. Hospy Sakewill,	Md

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Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
REGULATION S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(22)	
County Carroll	Registration Dist. No.	14
Village or City Syllesizelle, M.Q.	No. prince hall State Hornstel St,  (If death occurred in a hospital or institution, give its NAME in sead of street and n	Ward
7	nos. 23_ds. How long in U.S. if of foreign birth?mo	sds.
2. FULL NAME Uner Bertham		
(a) Residence: No. Odenton (Usual place of abode)	St.,Ward.	0
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3 SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
temale white OR DIVORCED (write the word)	September 10 (Day)	, 193 <del> </del>
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, Jhat I attended of	deceased from
	Quant 1925, 10 September 10	
6. DATE OF BIRTH (month, day, end year) 1895	I lest saw h. Rr. alive on September 9 , 19 34	; deeth Is seid
7. AGE Years Months Deys If LESS then I day,hi	to heve occurred on the dete stated above, et. 11; O.A. H.m.	
ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:	Oate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this occuration (month and this programme) the second state of the second	B. Omprerus Tillescool	2 - 40- 1
9. Industry or business in which work was done, as SILK MILL.		.s
work was done, as SILK MILL, SAW MILL, BANK, etc		
O IO. Date deceesed last worked et this occupation (month and year)		
12. BIRTHPLACE (city or town) (Stete or country)	Other Centributory Causes of Importance:	
13. NAME John W. Turner		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oate of What test confirmed diagnosis? Wes there en au	
15. MAIDEN NAME Y AND STATES	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
E (Stete or country)	Where did injury occur?	
17. INFORMANT Hospiel Records (Address) Alexander Md	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place Vaturey Miloate Sept. 12. 1933.		
19. UNDERTAKER (Address) V. Jo Deceros Th	24. Was disease or injury in eny way related to occupation of deceased?	
20. FILEO Registrar.	(Signed) M. Angussa Beyer. (Address) Systemathe Marula	M. D.
If more blanks are needed, address Some Registra	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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STREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, b	

V. S. No. 1

1. PLACE OF DEATH		92-20 4/	
Village or City No. Western  Length of residence In city or town where death	(II	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and a ds. How long in U.S. if of foreign birth? yrs. mo	
2. FULL NAME Treenes	Wagner		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White -	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF BEATH LEW 18 (Month) (Day)	, 193 <del>/</del> (Year)
1	agones	22. I HEREBY CERTIFY That I attended of the surgest 26, 1934, to Sept 18	19.3.4
6. DATE OF BIRTH (month, day, and year) 6. G. 7. AGE Years Months 1.0	Days   If LESS than 1 day,	to have occurred on the date stated above, at 1010 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this occupation 40	Chronel hypegyddal chisland, yn th walnelar ciaeffichiag anieular Fibbleghiol bleconflusiation	Date of onset 1929  Gray 26  1434
12. BIRTHPLACE (city or town) (State or country)  Md.			
14. BIRTHPLACE (city or town) (State or country)	Vagner	Name of operation Date of What test confirmed diagnosis? Phys 24 4 Figure 2 Phys Rivere an air	u <sup>t</sup> opsy?
15. MAIDEN NAME CANCEL TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	f.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Suders Gem. D	ate SEAT: 19,1934	Manner of Injury	
19. UNDERTAKER Wankard & S (Address) Westminster	an mod.	24. Was disease or injury in any way related to occupation of deceased?	2
20. FILED 9/19 , 1934 CA	Ly Jogle Registrar.	(Signed) W. Allung Splick hy  (Address) Westynmake	es/m. D.

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
-		
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

M. E.
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BINDIN

FOR

MARGIN RESERVED

Data of onset

Registrar.

(Signed)

(Address)

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car S A NV 38 1.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year


	RD.	YSI	stat	
)	RECO	PH	Sxact	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN RECORD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stat	
	A PER	ated EX	operly cl	tificate.
	SIS	st	pr	cer
	THE	d be	y be	k of
	KK	shoul	it ma	n bac
	NG IN	AGE	that	ions or
	JNFADI	pplied.	erms, so	instruct
	TH 1	ly su	lain 1	See
	M	reful	in p	tant.
)	LAINLY	ald be ca	DEATH	TION is very important. See instructions on back of certificate.
	E P	shor	OF	s ve
	B.—WRIT	mation	CAUSE	TION
	ż	,	-	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09099
1. PLACE OF DEATH	(So) /
County Carroll	Registration Dist. No. /6
Village dr City Westminster	NoSt.,Ward
Langth of residence in city or town where death occurred 2 yrs. Town one.  2. FULL NAME Martha Sant Out	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. S. & Liberta	St Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. if married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)
(or) WIFE of Harry Willer	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  if LESS than  1 day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, A one SAWYER, BOOKKEEPER, etc.	I last saw h aliva on
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Suother ride) ago
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Conses of importance:  Opplemently a Culsmanury Few Contribution & Morins
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Sylvia Young 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT David Witter (Addrass) & Jubul St. Westnimster (m.)	23. if death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place M. CASAN ON ANCH COM. SAM. 17, 1934	Manner of Injury
19. UNDERTAKER ABankard Lon (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/17, 1934 Ray Fogle  Sop. Lead Registrar.  If more blanks are needed, address State Registrar, 2	(Signed) C. J. Sellings e. M. D.  (Address) Westering 7) S. No.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	4/
This patric had been attributed by Dr. T. K. Wordward for the baked me & look after her, while les was contracted by the title trips only further importanting, am any wordward will be glad to talwise you.	months.
He baked me & look after hely, while be were conver	y am 4
little trips any fulther information, am su	Heker.
wordward will be glad to tadrice you	
C. K. Billin	egolie, N. C.

BINDIN

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

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Example I Example II The principal cause of death and related causes The principal eause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
	Attack of epilepsy	1 meet ago
004		1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
y 1,1923	Gastroenteritis	1 year
		Other contributory causes of importance:

OCCUPA. Jo RECORD. Every statement assified. 5  $\Xi$ certificate. MARGIN RESERVED plnous may back on that instructions terms, See plain carefully important. III DEATH plnods OF

WRITE

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BINDIN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Darrull Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. it of foreign birth?\_\_\_\_\_yrs.\_\_\_ \_\_\_\_\_ds. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If merried, widowed, or divorced HUSBAND of 1 HEREBY CERTIFY. That I ettended deceased from (or) WiFE ot 6. DATE OF BIRTH (month, day, and year) In arch 26 7. AGE Years It LESS than Months Devs to have occurred on the date stated above, at 3-1 day, \_\_\_\_hrs. 14 The PRINCIPAL CAUSE OF DEATH and related can es of importance or\_\_\_\_min. Date of onset 8. Trade, protession, or particular kind of work done, es SPINNER, aug 15 OCCUPATION SAWYER, BOOKKEEPER, etc .... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceesed lest worked at 11. Total time (years) this occupation (month and spent in this occupetion \_\_\_\_ 12. BIRTHPLACE (city or town) (State or country) marulan FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis?\_ MOTHER 15. MAIDEN NAME 23. It death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury olelyura Date Se Nature of injury. 24. Wes disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specity Registrar.

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Cerebral hemorrhage	J. S. J. 1927	Peritonitis	3 days ago	
No. of the last of				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

09103

1. PLACE OF DEATH		107-00)	1
County Carrall		Registration Dist, No	80
Village or City New WV		(if death occurred in a hospital of institution, give its NAME instead of stre	St.,Ward
		oszds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Educa	ard on Bekla		
(a) Residence: No.	0//	St., Ward,	
	(Usual place of abode)	If nonresident give city or to	wn and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193_2/ (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	Unknown	22.   HEREBY CERTIFY That Lat	tended deceased from
		100000	9 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS then	- ( ,30 ,	9; death is said
	1 dayhr	To heve occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
72 18	/ 2/ ormin.	were as follows:	Data ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Generalized arterio seler	ries 1930
9. Industry or business in which		The many - was	11.00
work was done, as SILK MILL, SAW MILL, BANK, etc	*******************************		
10. Date deceased last worked et this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Castributory Causes of importance:	
12. BIRTHPLACE (city or town) 6 ans	rull to	Franchis - Juemowa	9-25-
1	land		
14. BIRTHPLACE (city or town)	Reff		
14. BIRTHPLACE (city or town)	rble to	Name of operation De	te of
(State of country) / Proces	ryland	What test confirmed diagnosis? Wes the	<
15. MAIDEN NAME Avsell	in Barnes	23. If death was due to external causes (VIOL ENCE) fill in also the fo	
15. MAIDEN NAME Joseph 16. BIRTHPLACE (city or town) 6 a	rrull to	Accident, suicide, or homicide? Date of injury_	
E (State or country) m	aryland	Where did injury occur?	
17. INFORMANT Purs Louis (Address) Years Only	& Cook	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nder md	Manage of Latino	
Place hem Windson	2 Date Oct 2 , 1930	Manner of injury	
19 UNDERTAKER HBank	rarel + son	24. Wes disease or injury in any way related to occupation of decease	
(Address) Weatming	notes and	If so, specify	
10. EHED 41/30 1934 ()	isece & Brandeil	(Signed) Les J. Tho	4-1M. D.
	Registrar.	(Address) Med Cours /	1

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SUREAU V. S.				
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